

HERNDON PARKS & RECREATION DEPARTMENT

CAMP INFORMATION FORM

PARTICIPANT INFORMATION

Camp Title					
Last Name	First Name	Nickname	Sex	Age	D.O.B.
Address (street, city, zip code)					
School Participant Attends			Grade as of September 2016		
Please share any information that is useful for staff to know in order for your child to have a successful experience.			Please list any Allergies		
			<p>NOTE: Any medication(s) to be administered during program hours requires a separate medication permission form.</p>		
			<p>I give permission for my child to swim at the indoor facilities at the Herndon Community Center under the supervision of the staff and lifeguards. Not all camps will go swimming.</p>		<input type="radio"/> yes <input type="radio"/> no

PARENT/GUARDIAN INFORMATION

Mother's Name	Cell Phone	Home Phone	Do you have legal custody?	
			<input type="radio"/> yes	<input type="radio"/> no
Address (street, city, zip code)				
Place of Employment	Work Phone	Email Address		
Father's Name	Cell Phone	Home Phone	Do you have legal custody?	
			<input type="radio"/> yes	<input type="radio"/> no
Address (street, city, zip code)				
Place of Employment	Work Phone	Email Address		

Both pages of this form must be fully completed and returned to the department prior to child(ren) attending camp.

Herndon Parks and Recreation Department

Mailing Address

P.O. Box 427
Herndon, VA 20172

Physical Address

814 Ferndale Avenue
Herndon, VA 20170

parksandrec@herndon-va.gov

703-787-7300
herndon-va.gov/recreation

HERNDON PARKS & RECREATION DEPARTMENT

CAMP INFORMATION FORM CONTINUED

EMERGENCY INFORMATION (IF DIFFERENT THAN PARENT/GUARDIAN)

Name	Relationship	Work Phone	Cell Phone
Address (street, city, zip code)			Home Phone
Name	Relationship	Work Phone	Cell Phone
Address (street, city, zip code)			Home Phone

AUTHORIZED PICK-UP (PERSONS, NOT LISTED ABOVE, WHO ARE AUTHORIZED TO PICK-UP CAMPER)

Name	Phone
Name	Phone
Name	Phone

WAIVER: In consideration of my child(ren) being granted permission by the Town of Herndon, Virginia to participate in these programs and associated activities, I hereby release the Town of Herndon, Virginia and its officers, employees, agents, and volunteers from any and liability relating to or arising out of the above name's participation. I authorize the Town of Herndon and its officials, employees, agents, and volunteers, at any such person's discretion, to administer emergency first aid treatment, and at my expense, to obtain the services of a physician(s) and/or rescue squad and to authorize the same to affect such treatment of my child(ren) as the same deem advisable, if the participant becomes ill, the staff will notify the parent, and if requested by the staff, the parent will arrange to have the child picked up as soon as possible. Participants in activities sponsored or co-sponsored by the Parks and Recreation Department consent to the department's use of any photograph, film, videotape of the activity in any marketing or promotional material.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

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